

# Garden Oaks Baptist Early Learning Center Registration Application

## Child Information

Name \_\_\_\_\_ Gender: M / F Birthdate \_\_\_\_\_  
First MI Last (circle)

Admission Date \_\_\_\_\_ Days Attending: M-F MWF T/Th Extended Care - Early / Late  
(circle) (circle)

## Family Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ TxDL# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First MI Last

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ TxDL# \_\_\_\_\_

Church Member yes / no Where? \_\_\_\_\_

Who can we thank for referring you to our program? \_\_\_\_\_

\_\_\_\_ (Initial) I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

\_\_\_\_ (Initial) In the event that neither I nor the person I designated to be called in an emergency can be reached to make arrangements in a medical situation; I hereby authorize GOB ELC personnel to call an ambulance or my family physician.

\_\_\_\_ (Initial) This is to certify that my child may participate in sprinkler play (children 12 months old and up). It is my understanding that these activities will be supervised by GOB ELC personnel.

\_\_\_\_ (Initial) This is to certify that my child may attend field trips (children 3 years old and up). It is my understanding that these trips will be supervised by GOB ELC personnel.

\_\_\_\_ (Initial) I do hereby release GOB ELC from any and all claims of liabilities of whatever nature that might arise from normal operations at the facility or away on field trips.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**Emergency Contact**

**Emergency Contact other than Parents:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ TxDL# \_\_\_\_\_

**Persons Authorized to Pick Up other than Parents & Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ TxDL# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ TxDL# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ TxDL# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ TxDL# \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be aware of. If none please write "NONE" or N/A" below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Garden Oaks Baptist  
Early Learning Center  
Medical Release Form**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned parent or guardian of the applicant for enrollment in the Early Learning Center of Garden Oaks Baptist Church, Houston, Texas on any related activity do hereby release and discharge the said Garden Oaks Baptist Church of Houston and its authorized representatives, staff or employees from liability of any kind and character upon any claim, demand or cause of action which might be asserted in behalf of said minor against said church, representatives, staff or employee. Furthermore, in the event of an accident, I hereby grant permission to said representatives, staff or employees to administer first aid and / or take applicant to a medical facility for additional treatment.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Hospital: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

In the remarks section, please fill in any pertinent information such as any medication the applicant is taking or is allergic to, etc.

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Texas  
County of Harris

Before me \_\_\_\_\_, a notary public, on this day personally appeared \_\_\_\_\_, known to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he / she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature



**Garden Oaks Baptist  
Early Learning Center  
Parent Agreement**

1. GOB ELC accepts applications for enrollment without regard to race, religion, national origin or sex.
2. The program will be from 8:00 a.m.-3:00 p.m. Monday – Friday with additional extended care hours from 7:00 a.m.-8:00 a.m. and 3:00 p.m.-6:00 p.m.
3. The center will provide a yearly calendar of days the school will be closed.
4. Due to severe food allergies no products with nuts or peanut butter are permitted on our campus.
5. Parents will be called to pick up children who become ill.
6. Children will have current medical and immunization records prior to enrollment and regularly update them in compliance with state law.
7. Children four years of age or older, must be screened for possible vision and hearing problems within 120 days of enrollment. The required proof needs to be signed by a licensed professional. (Sec 37.23 and 37.25 TDH)
8. In the event of an emergency, the center has my permission to administer first aid or to obtain emergency medical treatment in the child's best interest.
9. In the event of inclement weather, the center will follow HISD closings. The number to call is 713.267.1704.
10. Children are not to bring toys/personal belongings to the center. The center is not responsible for any articles brought from home.
11. GOB ELC will administer only dated, labeled, prescribed medications (or physician prescribed non-prescription medications) at mid-day. All medication policies are subject to state regulation.
12. I agree to pay the tuition fee of \$\_\_\_\_\_ for \_\_\_\_\_ days per week. **Tuition is due in full monthly regardless of attendance.** The days will be **M-F, MWF, or T/Th** (circle days attending).
13. If tuition is not paid by the 5<sup>th</sup> of the month, a late fee of \$25 will be charged and an addition \$10 late fee will be assessed each day following until tuition is paid in full.
14. I agree to pay an Annual Registration Fee in the amount of \$175 at the time of enrollment and each school calendar year thereafter. **This is a non-refundable fee.**
15. I agree to pay a Summer Activity Fee to be determined by April 1<sup>st</sup> of each year.
16. I agree to pay a fee of \$5.00 per child for each 5 minute period the child arrives before 7:00 AM or is left in the center after 6:00 PM.
17. I agree to pay a \$25.00 fee for a returned check. The center will then have the option to refuse any future checks.
18. This Parent Agreement is subject to change in whole or in part by the center upon one week's notice.
19. To report suspected child abuse, the toll free number is 1.800.252.5400.
20. For questions having to do with Licensing standards and procedures, the number is: 1.800.252.5400 or [www.tdprs.state.tx.us](http://www.tdprs.state.tx.us). A copy of Minimum Standards may be found on the front desk for review.
21. The local number for The Department of Family and Protective Services is 713.940.3009.
22. I acknowledge that I have received and read the GOB ELC Parent Handbook.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas County of Harris - Before me \_\_\_\_\_, a notary public, on this day personally appeared \_\_\_\_\_, known to me through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he / she executed the same for the purpose and consideration therein expressed. Given under my hand and seal of office this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**(Personalized Seal)**

\_\_\_\_\_  
**Notary Public's Signature**